

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTHCARE SYSTEMS**

In re: Richard Secondi

Petition No. 2003-0307-000-019

PRELICENSURE CONSENT ORDER

WHEREAS, Richard Secondi of Rocky Hill, Connecticut (hereinafter "respondent") has applied for licensure to practice as a Respiratory Care Practitioner by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 381a of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent agrees that:

1. The Department has at no time issued respondent a license to practice the occupation of Respiratory Care Practitioner under the General Statutes of Connecticut, Chapter 381a.
2. Since 2001, respondent has been enrolled in an impaired practitioner's program in Florida for alcohol abuse in connection with his license to practice as a certified respiratory therapist in Florida.
3. The conduct described above constitutes grounds for the denial of respondent's application for licensure pursuant to §19a-14 of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-14 of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives the right to a hearing on the merits of his application for licensure.

2. After satisfying the requirements for licensure as a Respiratory Care Practitioner as set forth in Chapter 381a of the General Statutes of Connecticut, respondent's license to practice as a Respiratory Care Practitioner will be issued.
3. Respondent's license to practice as a Respiratory Care Practitioner in the State of Connecticut shall, immediately upon issuance, be placed on probation for two (2) years under the following terms and conditions:
 - a. Respondent shall participate in regularly scheduled therapy at his own expense with a licensed or certified therapist, pre-approved by the Department (hereinafter "therapist").
 - (1) Respondent shall provide a copy of this Consent Order to his therapist.
 - (2) Respondent's therapist shall furnish written confirmation to the Department of his or her engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.
 - (3) If the therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy sessions is warranted, or that respondent should be transferred to another therapist, the therapist shall advise the Department, and the Department shall pre-approve said termination of therapy, reduction in frequency of therapy sessions, and/or respondent's transfer to another therapist.
 - (4) The therapist shall submit reports monthly for the duration of probation, which shall address, but not necessarily be limited to, respondent's ability to practice as a Respiratory Care Practitioner in an alcohol and substance free state, safely and competently. Said reports shall continue until the therapist

determines that therapy is no longer necessary or the period of probation has terminated.

- (5) The therapist shall immediately notify the Department in writing if the therapist believes respondent's continued practice poses a danger to the public, or if respondent discontinues therapy and/or terminates his or her services.

- b. Respondent shall refrain from the ingestion of alcohol in any form and the ingestion, inhalation, injection or other use of any controlled substance and/or legend drug unless prescribed or recommended for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications. In the event a medical condition arises requiring treatment utilizing controlled substances, legend drugs, or alcohol in any form, respondent shall notify the Department and, upon request, provide such written documentation of the treatment as is deemed necessary by the Department.

- (1) During the first year of the probationary period, respondent at his own expense, shall submit to weekly random observed urine screens for alcohol, controlled substances, and legend drugs; in accordance with Department Requirements for Drug and Alcohol Screens, attached hereto marked as 'Attachment A: Department Requirements for Drug and Alcohol Screens'; during the second year of the probationary period, he shall submit to such screens on a twice monthly basis. Respondent shall submit to such screens on a more frequent basis if requested to do so by the therapist or the Department. Said screens shall be administered by a facility approved by the Department.

All such random screens shall be legally defensible in that the specimen donor and chain of custody shall be identified throughout the screening process. All laboratory reports shall state that the chain of custody procedure has been followed.

- (2) Laboratory reports of random alcohol and drug screens shall be submitted directly to the Board and the Department by the testing laboratory. All such screens shall be negative for alcohol, controlled substances, and legend drugs, except for medications prescribed by respondent's physician. If respondent has a positive urine screen, the facility shall immediately notify the Department. All positive random drug and alcohol screens shall be confirmed by gas chromatograph/mass spectrometer testing.
- (3) Respondent understands and agrees that if he fails to submit a urine sample when requested by his monitor, such missed screen shall be deemed a positive screen.
- (4) Respondent shall notify each of his health care professionals of all medications prescribed for him by any and all other health care professionals.
- (5) Respondent is hereby advised that the ingestion of poppy seeds and mouthwash has from time to time, been raised as a defense to a positive screen result for morphine, opiates and/or alcohol. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances, and mouthwash during the term of this Consent Order. In the event respondent has a positive screen for morphine, opiates and/or alcohol, respondent agrees

that the ingestion of poppy seeds and/or mouthwash shall not constitute a defense to such a screen.

- c. Respondent shall provide his chief of service, employer, partner and/or associate at any hospital, clinic, partnership and/or association at which he is employed or with which he is affiliated or has privileges at each place where respondent practices as a Respiratory Care Practitioner throughout the probationary period, with a copy of this Consent Order within fifteen (15) days of its effective date, or within fifteen (15) days of commencement of employment. Respondent agrees to provide reports from such employer on a monthly basis for the duration of probationary period, stating that respondent is practicing with reasonable skill and safety and in an alcohol and substance-free state.
4. Respondent shall comply with all state and federal statutes and regulations applicable to his license.
5. Respondent shall notify the Department of any change(s) in his employment within fifteen (15) days of such change.
6. Respondent shall notify the Department of any change(s) in his home and/or business address within fifteen (15) days of such change.
7. Any deviation from the term(s) of this Prelicensure Consent Order without prior written approval of the Department shall constitute a violation. A violation of any term(s) of this Prelicensure Consent Order shall result in the right of the Department in its discretion to immediately deem respondent's Respiratory Care Practitioner license rescinded. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department

shall not be required to grant future extensions of time or grace periods. Notice of the rescission of the license shall be sent by the Department to respondent's address of record. Respondent waives any right to a hearing on the issue of violation of the terms of this Prelicensure Consent Order.

8. That correspondence and reports required by the terms of this Prelicensure Consent Order are to be addressed to:

Bonnie Pinkerton, Nurse Consultant
Department of Public Health
Division of Health Systems Regulation
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, Connecticut 06134-0308

9. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Office of Practitioner Licensing and Certification of the Bureau of Healthcare Systems of the Department.
10. Respondent understands that this Prelicensure Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Department in which (1) his compliance with this Prelicensure Consent Order is at issue, or (2) his compliance with §20-162p of the Connecticut General Statutes, as amended, is at issue.
11. This Prelicensure Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Prelicensure Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any other rights that he may have under the laws of the State of Connecticut or of the United States.

12. This Prelicensure Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
13. This Prelicensure Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
14. Respondent understands this Prelicensure Consent Order is a matter of public record.
15. Respondent understands he has the right to consult with an attorney prior to signing this Prelicensure Consent Order.

I, Richard Secondi, have read the above Prelicensure Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Prelicensure Consent Order to be my free act and deed.

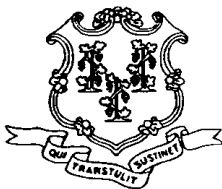
Richard A. Secondi
Richard Secondi

Subscribed and sworn to before me this 8th day of MAY 2003.

Matthew J. Antonetti
Notary Public or person authorized
by law to administer an oath or
affirmation Commissioner of the Court

The above Prelicensure Consent Order having been presented to the duly appointed agent of the
Commissioner of the Department of Public Health on the 8th day of May
____ 2003, it is hereby ordered and accepted.

Stanley K. Reck
Stanley K. Reck, Director, Legal Office
Bureau of Healthcare Systems



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
7099 3400 0018 3795 1268

October 16, 2003

Richard Secondi
287 West Street, C-Wing
Rocky Hill, CT 06067

Dear Mr. Secondi:

This is in regard to your Connecticut respiratory care practitioner license that was granted May 8, 2003, in accordance with the terms of a Prelicensure Consent Order, Petition Number 2003-1014-026-001.

Pursuant to paragraph 7 of the Prelicensure Consent Order, any deviation from the terms(s) of the Prelicensure Consent Order without prior written approval of the Department of Public Health shall constitute a violation. A violation of any term(s) of the order shall result in the right of the Department, in its discretion, to immediately deem your respiratory care practitioner license rescinded.

Please be advised that the Department has determined that you have violated the terms of the Prelicensure Consent Order in that you have not refrained from the ingestion of alcohol and/or the inhalation, injection or other use of any controlled substance and/or legend drug.

As a result of the above violation, the Department has determined to rescind your license effective the date of this letter. Please note that pursuant to paragraph 7, you waived any right to a hearing on the issue of violation of the terms of the Order.

Please return your three-part license documents to the Department's Office of Practitioner Licensing and Certification no later than October 31, 2003, to the attention of Janine Cordero, Licensing Examination Assistant.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Filippone".

Jennifer Filippone
Public Health Services Manager
Office of Practitioner Licensing and Certification

cc: Stanley K. Peck, Director, Legal Office
Donna Brewer, Director, Public Health Hearing Office
Bonnie Pinkerton, RNC, Health System Regulation
Janine Cordero, Licensing Examination Assistant, OPLC
U.S. Mail

Phone:



Telephone Device for the Deaf (860) 509-7191

410 Capitol Avenue - MS # _____

P.O. Box 340308 Hartford, CT 06134

Affirmative Action / Equal Employment Opportunity Employer